**U.S. Department
of Transportation**

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety
Administration (NHTSA) for your research or other use. The information contained in
this motor vehicle crash report is collected, maintained and distributed in accordance with
Public Law 89-564. In accordance with this Public Law, NHTSA is required not to
release any case information until completion of quality control procedures. These
procedures include a review of the case material to extract all names, licenses and
registration numbers, non-coded interview material, non-research related researcher
comments in the margins, non-factual data, and the production number portion of the
vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash,
then that query was made using non-personal descriptors you provided for use in our
search. This motor vehicle crash may have been identified from a data search and
matches the general, non-personal descriptors you provided, but we cannot confirm that
this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field
Operations Branch, Crash Investigation Division, National Center for Statistics and
Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is
the case that you have specifically requested nor can we certify the information to be
correct.

***   ***   ***

SAFETY BELTS SAVE LIVES

AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

U.S. Department of Transportation
National Highway Traffic Safety
Administration

CASE SUMMARY

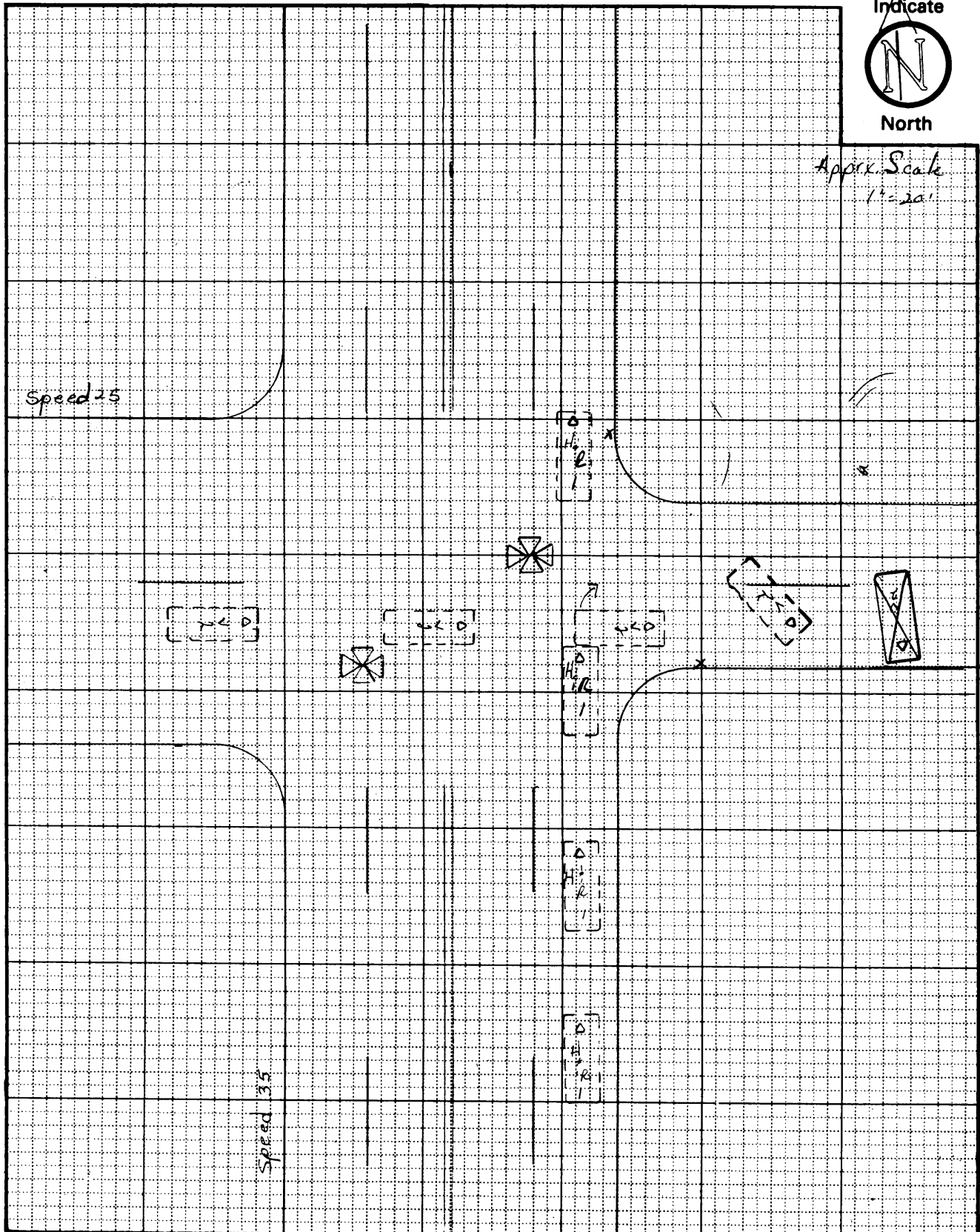NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU _12_   CASE NO. _042F_   TYPE OF ACCIDENT _vehicle to vehicle/rollover_

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers. Use reverse side if needed.)

Vehicle 1 was northbound on a 4 lane 2 way roadway striking eastbound V2 on the right back side and then V2 rolled over. Vehicle 1 left the scene and vehicle 2 was towed. Vehicle 2 driver was treated for minor injuries even though seatbelts were utilized.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	unk.	unk.	front?		
2	subcompact	1981 Subaru GL stationwagon	right	moderate	windshield displaced

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
2	driver	left front	manual lap shoulder	unk.			
2	passenger	right front	manual lap shoulder	no injury			

DO NOT SANITIZE THIS FORM

HS Form 434A (1/92)

U.S. Department of Transportation

**National Highway Traffic Safety
Administration**

ACCIDENT COLLISION DIAGRAM

PSU No. _1_ _2_

Case Number – Stratum _0_ _4_ _2_ _F_

Indicate

North

Apprx. Scale
1" = 20'

Speed 25

Speed 35

HS Form 431B (1/92)

U.S. Department of Transportation
National Highway Traffic Safety Administration

ACCIDENT COLLISION
MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number _/ 2_

Case Number—Stratum _O 4 2 F_

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

* approximate vehicle orientation at impact and final rest

* applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)

* applicable traffic controls (e.g., speed limit)

* north arrow placed on diagram

* sketch required

LEVEL II
PHYSICAL EVIDENCE PRESENT

In addition to the level I tasks noted above, the following must be accomplished when

LEVEL II (Cont'd)
physical evidence is present:

* document reference point and reference line relative to physical features present at the scene

* scale documentation of all accident induced physical evidence

* scaled documentation of all roadside objects contacted

* roadway surface type and condition of applicable roadways

* grade measurements for all applicable roadways and at location of rollover initiation

* scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:

   a) physical evidence, or

   b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	000	90	
Surface Type	Asphalt	Asphalt	
Surface Condition	dry	dry	
Grade (v/h) Measurement (between impact and final rest)	$0/28$	$-.2/28''$	
Grade (v/h) Measurement (at location of rollover initiation)		$-.1/28''$	

Reference Point: _____

Reference line: _____

_____

_____

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
No Evidence		

HS Form 431A (1/92)

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line

ACCIDENT FORM

1. Primary Sampling Unit Number   _1_ _2_

2. Case Number - Stratum   _0_ _4_ _2_ _F_

IDENTIFICATION

3. Number of General Vehicle
   Forms Submitted   _0_ _2_

4. Date of Accident
   (Month, Day, Year)   ___ ___ ___ ___ _9_ _2_

5. Time of Accident   _2_ _3_ _2_ _5_

   Code reported military time of accident.

   NOTE: Midnight = 2400
          Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___ SS12 Not Active   _0_

7. ___ SS13 Not Active   _0_

8. ___ SS14 Fatal AOPS   _0_

9. ___ SS15 _____   _0_

10. ___ SS16 _____   _0_

NUMBER OF EVENTS

11. Number of Recorded Events
    in This Accident   _0_ _2_

    Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 0 1	13. 01	14. 99	15. F	16. 02	17. 01	18. R
19. 0 2	20. 02	21. 01	22. I	23. 31	24. 00	25. N
26. 0 3	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___
33. 0 4	34. ___	35. ___	36. ___	37. ___	38. ___	39. ___
40. 0 5	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

HS Form 434 (Rev. 1/92)

CODES FOR CLASS OF VEHICLE

(00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 100 inches)
(02) Compact (wheelbase = 100 − 104 inches)
(03) Intermediate (wheelbase = 105 − 109 inches)
(04) Full size (wheelbase = 110 − 114 inches)
(05) Largest (wheelbase ≥ 115 inches)
(09) Unknown passenger car size
(11) Compact utility vehicle
(12) Large utility vehicle (≤ 10,000 lbs GVWR)
(13) Passenger van (≤ 10,000 lbs GVWR)
(14) Other van (≤ 10,000 lbs GVWR)
(15) Pickup truck (≤ 10,000 lbs GVWR)
(18) Other truck (≤ 10,000 lbs GVWR)
(19) Unknown light truck type
(20) School bus
(21) Other bus
(22) Truck (> 10,000 lbs GVWR)
(23) Tractor without trailer
(24) Tractor-trailer(s)
(25) Motored cycle
(28) Other vehicle
(99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back
(T) Top
(U) Undercarriage
(9) Unknown

TDC APPLICABLE VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back of unit with cargo area (rear of trailer or straight truck)
(D) Back (rear of tractor)
(C) Rear of cab
(V) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover
(32) Fire or explosion
(33) Jackknife
(34) Other intraunit damage (specify):
_____
(35) Noncollision injury
(38) Other noncollision (specify):
_____
(39) Noncollision — details unknown

Collision With Fixed Object
(41) Tree (≤ 4 inches in diameter)
(42) Tree (> 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 4 inches in diameter)
(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
(52) Pole or post (> 12 inches in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify):_____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
_____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance
_____
(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):
_____
(89) Unknown nonfixed object

(98) Other event (specify):
_____
(99) Unknown event or object

OCCUPANT RELATED

16. Driver Presence in Vehicle   _1_
    - (0) Driver not present
    - (1) Driver present
    - (9) Unknown

17. Number of Occupants This Vehicle   _0 1_
    - (00-96) Code actual number of occupants for this vehicle
    - (97) 97 or more
    - (99) Unknown

18. Number of Occupant Forms Submitted   _0 6_

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight   _9 9_ , _9_ 0 0
    - ____ Code weight to nearest 100 pounds.
    - (010) Less than 1050 pounds
    - (135) 13,500 pounds or more
    - (999) Unknown

    Source:_____

20. Vehicle Cargo Weight   _9_ , _9_ 0 0
    - ____ Code weight to nearest 100 pounds.
    - (00) Less than 50 pounds
    - (97) 9,650 pounds or more
    - (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit   _0_
    - (0) No towed unit
    - (1) Yes—towed trailing unit
    - (9) Unknown

22. Documentation of Trajectory Data for This Vehicle   _0_
    - (0) No
    - (1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V)   _0_
    - (0) Not collision (for highest delta V) with tree or pole
    - (1) Not damaged
    - (2) Cracked/sheared
    - (3) Tilted <45 degrees
    - (4) Tilted ≥45 degrees
    - (5) Uprooted tree
    - (6) Separated pole from base
    - (7) Pole replaced
    - (8) Other (specify): _____
    - (9) Unknown

24. Rollover   _0_
    - (0) No rollover (no overturning)

    Rollover (primarily about the longitudinal axis)
    - (1) Rollover, 1 quarter turn only
    - (2) Rollover, 2 quarter turns
    - (3) Rollover, 3 quarter turns
    - (4) Rollover, 4 or more quarter turns (specify): _____
    - (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
    - (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)   _9_

26. Rear Override/Underride (this Vehicle)   _0_

    - (0) No override/underride, or not an end-to-end impact

    Override (see specific CDC)
    - (1) 1st CDC
    - (2) 2nd CDC
    - (3) Other not automated CDC (specify): _____
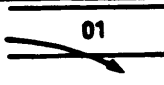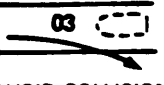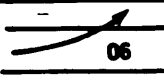
    Underride (see specific CDC)
    - (4) 1st CDC
    - (5) 2nd CDC
    - (6) Other not automated CDC (specify): _____
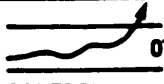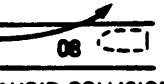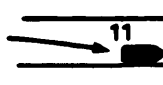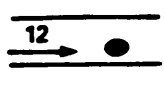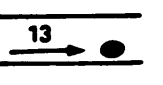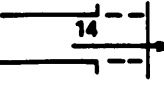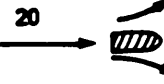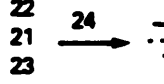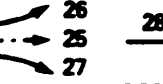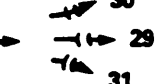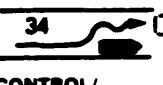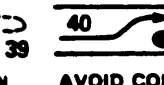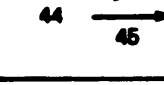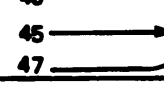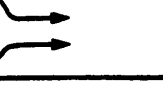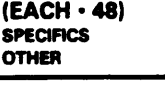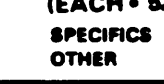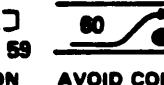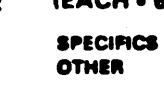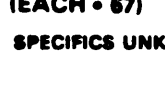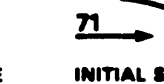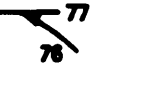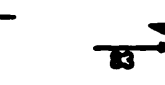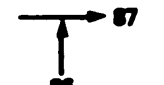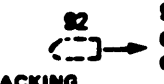
    - (7) Medium/heavy truck or bus override
    - (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
       (997) Noncollision
       (998) Impact with object
       (999) Unknown

27. Heading Angle For This Vehicle   _0_ _0_ _0_

28. Heading Angle For Other Vehicle   _0_ _9_ _0_

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER / 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	20 21 22 23 STOPPED 21, 22, 23	24 25 26 27 SLOWER 25, 26, 27	28 29 30 31 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 35 CONTROL/ TRACTION LOSS	36 37 CONTROL/ TRACTION LOSS	38 39 AVOID COLLISION WITH VEH.	40 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER / (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	44 45 46 45 47		(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	54 55 CONTROL/ TRACTION LOSS	56 57 CONTROL/ TRACTION LOSS	58 59 AVOID COLLISION WITH VEH.	60 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER / (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	64 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 69 INITIAL OPPOSITE DIRECTIONS	70 71 72 73 INITIAL SAME DIRECTIONS		(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	76 77 78 79 TURN INTO SAME DIRECTION	80 81 82 83 TURN INTO OPPOSITE DIRECTIONS		(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87	88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

PSU 12-042F   V1

OTHER DATA

56. Driver's Zip Code _ _ _ _ _

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin   9
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):

_____

(9) Unknown

58. Vehicle Special Use (This Trip)   9
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Hearse
(8) Fire truck or car
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type   0
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):

_____

(9) Unknown rollover initiation type

60. Location of Rollover Initiation   0

(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted   0 0

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied   0

(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):

_____

(8) Non-contact rollover forces (specify):

_____

(9) Unknown

63. Direction of Initial Roll   0

(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis

(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)   0 1

(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):

_____

(98) No driver present
(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision
(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object
(41) Tree (≤ 4 inches in diameter)
(42) Tree (> 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 4 inches in diameter)
(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
(52) Pole or post (> 12 inches in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify):_____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
_____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):
_____
(89) Unknown nonfixed object

(98) Other event (specify):
_____
(99) Unknown event or object

PSU Number   12

Case Number   042F

Vehicle Number   01

EXTERIOR

VEHICLE

FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑ Entire Form

[] Page Number (s) _____

PSU Number   12

Case Number   D42F

Vehicle Number   01

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑ Entire Form

[] Page Number (s) _____

PSU NUMBER   12

CASE NUMBER   042F

VEHICLE NUMBER   01

OCCUPANT NUMBER   01

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] ENTIRE FORM

[] PAGE NUMBER (S) _____

PSU NUMBER   _12_

CASE NUMBER   _042F_

VEHICLE NUMBER   _01_

OCCUPANT NUMBER   _01_

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

OCCUPANT RELATED

16. Driver Presence in Vehicle   _1_
    (0) Driver not present
    (1) Driver present
    (9) Unknown

17. Number of Occupants This Vehicle   _0_ _2_
    (00-96) Code actual number of occupants
        for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted   _0_ _2_

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight   _0_ _2_,_2_ 0 0
    _2185_ Code weight to nearest
        100 pounds.
    (010) Less than 1050 pounds
    (135) 13,500 pounds or more
    (999) Unknown

    Source:_____

20. Vehicle Cargo Weight   _0_,_0_ 0 0
    ____Code weight to nearest
        100 pounds.
    (00) Less than 50 pounds
    (97) 9,650 pounds or more
    (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit   _0_
    (0) No towed unit
    (1) Yes—towed trailing unit
    (9) Unknown

22. Documentation of Trajectory Data
    for This Vehicle   _0_
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole
    (For Highest Delta V)   _0_
    (0) Not collision (for highest delta V) with
        tree or pole
    (1) Not damaged
    (2) Cracked/sheared
    (3) Tilted <45 degrees
    (4) Tilted ≥45 degrees
    (5) Uprooted tree
    (6) Separated pole from base
    (7) Pole replaced
    (8) Other (specify):
    _____
    (9) Unknown

24. Rollover   _3_
    (0) No rollover (no overturning)

    Rollover (primarily about the longitudinal axis)
    (1) Rollover, 1 quarter turn only
    (2) Rollover, 2 quarter turns
    (3) Rollover, 3 quarter turns
    (4) Rollover, 4 or more quarter turns (specify):
    _____

    (5) Rollover--end-over-end (i.e., primarily
        about the lateral axis)
    (9) Rollover (overturn), details unknown
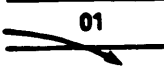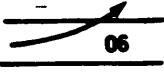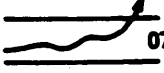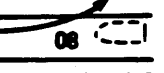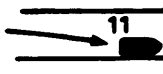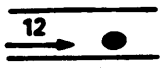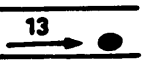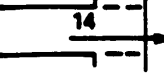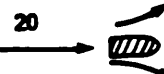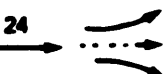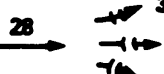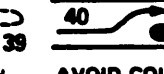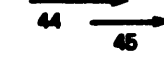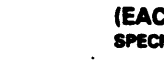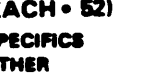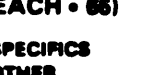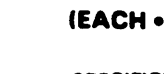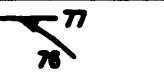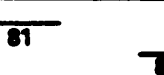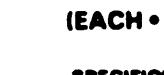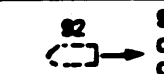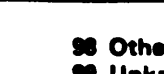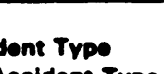
OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)   _0_

26. Rear Override/Underride (this Vehicle)   _0_

    (0) No override/underride, or
        not an end-to-end impact

    Override (see specific CDC)
    (1) 1st CDC
    (2) 2nd CDC
    (3) Other not automated CDC (specify):
    _____

    Underride (see specific CDC)
    (4) 1st CDC
    (5) 2nd CDC
    (6) Other not automated CDC (specify):
    _____

    (7) Medium/heavy truck or bus override
    (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
        (997) Noncollision
        (998) Impact with object
        (999) Unknown

27. Heading Angle For This Vehicle   _0_ _9_ _0_

28. Heading Angle For Other Vehicle   _0_ _0_ _0_

Cate-gory	Configur-ation	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER / 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	20 22 21 23 STOPPED 21, 22, 23	24 26 25 27 SLOWER 25, 26, 27	28 30 29 31 DECEL. 29, 30, 31	(EACH · 32) SPECIFICS OTHER	(EACH · 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 35 CONTROL/ TRACTION LOSS	36 37 CONTROL/ TRACTION LOSS	38 39 AVOID COLLISION WITH VEH.	40 41 AVOID COLLISION WITH OBJECT	(EACH · 42) SPECIFICS OTHER / (EACH · 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	44 45 46 45 47		(EACH · 48) SPECIFICS OTHER		(EACH · 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	50 51 LATERAL MOVE	(EACH · 52) SPECIFICS OTHER	(EACH · 53) SPECIFICS UNKNOWN		
	H. Forward Impact	54 55 CONTROL/ TRACTION LOSS	56 57 CONTROL/ TRACTION LOSS	58 59 AVOID COLLISION WITH VEH.	60 61 AVOID COLLISION WITH OBJECT	(EACH · 62) SPECIFICS OTHER / (EACH · 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	64 65 LATERAL MOVE	(EACH · 66) SPECIFICS OTHER	(EACH · 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 69 INITIAL OPPOSITE DIRECTIONS	70 71 72 73 INITIAL SAME DIRECTIONS		(EACH · 74) SPECIFICS OTHER	(EACH · 75) SPECIFICS UNKNOWN
	K. Turn Into Path	76 77 78 79 TURN INTO SAME DIRECTION	80 81 82 83 TURN INTO OPPOSITE DIRECTIONS		(EACH · 84) SPECIFICS OTHER	(EACH · 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87	88 89	(EACH · 90) SPECIFICS OTHER	(EACH · 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

PSU 12-042F

1st Review: 1A
2nd Review: V2

OTHER DATA

56. Driver's Zip Code ___ ___ ___ ___ ___

   (00000) Driver not present
   (00001) Driver not a resident of U.S. or territories
   _____ Code actual 5-digit zip code
   (99999) Unknown

57. Driver's Race/Ethnic Origin   2
   (0) Driver not present
   (1) White (non-Hispanic)
   (2) Black (non-Hispanic)
   (3) White (Hispanic)
   (4) Black (Hispanic)
   (5) American Indian, Eskimo or Aleut
   (6) Asian or Pacific Islander
   (8) Other (specify):

   (9) Unknown

58. Vehicle Special Use (This Trip)   0
   (0) No special use
   (1) Taxi
   (2) Vehicle used as school bus
   (3) Vehicle used as other bus
   (4) Military
   (5) Police
   (6) Ambulance
   (7) Hearse
   (8) Fire truck or car
   (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type   3
   (0) No rollover
   (1) Trip-over
   (2) Flip-over   MASS CODING CHANGE
   (3) Turn-over   1st Review: 1A
   (4) Climb-over   2nd Review: _____
   (5) Fall-over
   (6) Bounce-over
   (7) Collision with another vehicle
   (8) Other rollover initiation type specify):

   (9) Unknown rollover initiation type

60. Location of Rollover Initiation   1

   (0) No rollover
   (1) On roadway
   (2) On shoulder—paved
   (3) On shoulder—unpaved
   (4) On roadside or divided trafficway median
   (9) Unknown

61. Rollover Initiation Object Contacted   31

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied   8

   (0) No rollover   MASS CODING CHANGE
   (1) Wheels/tires   1st Review: 1A
   (2) Side plane   2nd Review: _____
   (3) End plane
   (4) Undercarriage
   (5) Other location on vehicle (specify):

   (8) Non-contact rollover forces (specify):

   (9) Unknown

63. Direction of Initial Roll   2

   (0) No rollover
   (1) Roll right - primarily about the longitudinal axis
   (2) Roll left - primarily about the longitudinal axis

   (5) End-over-end (i.e., primarily about the lateral axis)
   (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)   01

   (01) Going straight
   (02) Slowing or stopping in traffic lane
   (03) Starting in traffic lane
   (04) Stopped in traffic lane
   (05) Passing or overtaking another vehicle
   (06) Disabled or parked in travel lane
   (07) Leaving a parking position
   (08) Entering a parking position
   (09) Turning right
   (10) Turning left
   (11) Making a U-turn
   (12) Backing up (other than for parking position)
   (13) Negotiating a curve
   (14) Changing lanes
   (15) Merging
   (16) Successful avoidance maneuver to a previous critical event
   (97) Other (specify):

   (98) No driver present
   (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision
(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object
(41) Tree (≤ 4 inches in diameter)
(42) Tree (> 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 4 inches in diameter)
(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
(52) Pole or post (> 12 inches in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify):_____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

_____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

_____
(89) Unknown nonfixed object

(98) Other event (specify):

_____
(99) Unknown event or object

U.S. Department of Transportation
National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	_1 2_	3. Vehicle Number	_0 2_
2. Case Number - Stratum	_0 4 2 F_	92 2 1014	

VEHICLE IDENTIFICATION

VIN _J F 1 A M 4 3 B 8 B B_ _____ Model Year _8 1_

Vehicle Make (specify): _Subaru_   Vehicle Model (specify): _Stationwagon_

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	beg 21"ahead; extends 37.2" behind (R) rear axle	same as direct
2	whole veh. front to back	whole veh. front to back
1	cord set 31.7" from center of vehicle	

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	max C_2	C_3	C_4	C_5	C_6	±D
1	lower panel	57.4"	6.55"	57.4"	5'	6.55	5.55"	4.45"	2.25"	2.25"	5.48"
	freespace		1.25"		1.5"	1.25"	1'	0	.25"	1"	
	1 result		5.3"		3.5"	5.3"	4.55	4.45"	2"	1.25"	
		top of roof									
2	rollover	72"	9"	72"							0

HS Form 435A (Rev. 1/92)

VEHICLE DAMAGE SKETCH

TIRE — WHEEL DAMAGE

a. Rotation physically restricted   b. Tire deflated

RF _2_	RF _1_
LF _2_	LF _2_
RR _2_	RR _2_
LR _2_	LR _1_

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☑ Manual   ☐ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	_96.7_
Overall Length	_168.5_
Maximum Width	_63.4_
Curb Weight	_2185_
Average Track	_52.6_
Front Overhang	
Rear Overhang	
Engine Size: cyl./ displ.	_1.8/2V_
Undeformed End Width	_58_

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± ___ ___ °
LF ± ___ ___ °
RR ± ___ ___ °
LR ± ___ ___ °

Within ± 5 degrees

DRIVE WHEELS

☑ FWD   ☐ RWD   ☐ 4WD

Approximate Cargo Weight _0_

Front view: 3.25, 15.5, 26" — w.s. separated + out — wheel bent out; flat — axle mount pulled loose — fx out light — Original Bumper height — ___ "

Rear view: 5.25, 5", 43", 13.5

Side view (POST-CRASH): rollover I #2 — window fx out — fx out light
Bumper corner _35"_   _74.3"_   _36"_ Bumper corner
Stringline _36"_   _39"_ Stringline

Top view: direct on roof rack

Second side view (POST-CRASH): I #1 w/ red paint — flat tire — window fx out — rollover I #2
Bumper corner _36.2"_   _99.2"_   _33.2"_ Bumper corner
Stringline _39.2"_   _34.25"_ Stringline

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.
Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

_____
- (35) Noncollision injury
- (38) Other noncollision (specify):

_____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree ($\leq$ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post ($\leq$ 4 inches in diameter)
- (51) Pole or post (> 4 inches but $\leq$ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):_____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

_____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

_____
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

_____
- (89) Unknown nonfixed object

- (98) Other event (specify):

_____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
0 1	0 1	0 9 0	0 0	R	Z	E	W	0 2
0 2	3 1	0 0 0	0 0	T	D	D	0	0 2
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —

INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number __1 2__

2. Case Number - Stratum __0 4 2 F__

3. Vehicle Number __0 2__

INTEGRITY

4. Passenger Compartment Integrity __1 2__

(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify):

_____

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF __1__ 6. RF __1__ 7. LR __1__ 8. RR __1__ 9. TG/H __1__

(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify):

_____

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF __0__ 11. RF __0__ 12. LR __0__ 13. RR __0__ 14. TG/H __0__

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision
(1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify):

_____

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS __4__ 16. LF __6__ 17. RF __6__ 18. LR __0__ 19. RR __0__

20. BL __0__ 21. Roof __8__ 22. Other __0__

(0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS __0__ 24. LF __0__ 25. RF __0__ 26. LR __0__ 27. RR __0__

28. BL __0__ 29. Roof __0__ 30. Other __0__

(0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

Type of Window/Windshield Glazing

31. WS __1__ 32. LF __2__ 33. RF __2__ 34. LR __0__ 35. RR __0__

36. BL __0__ 37. Roof __0__ 38. Other __0__

(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify):

_____

(9) Unknown

Window Precrash Glazing Status

39. WS __1__ 40. LF __2__ 41. RF __2__ 42. LR __0__ 43. RR __0__

44. BL __0__ 45. Roof __0__ 46. Other __0__

(0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

INTRUSION WORKSHEET

TOP VIEW   Longitudinal

LEFT SIDE VIEW   Vertical   Longitudinal   Longitudinal

Lateral   Lateral

RIGHT SIDE VIEW   Vertical   Longitudinal   Longitudinal

Longitudinal

Vertical

Note: Sketch intruded areas
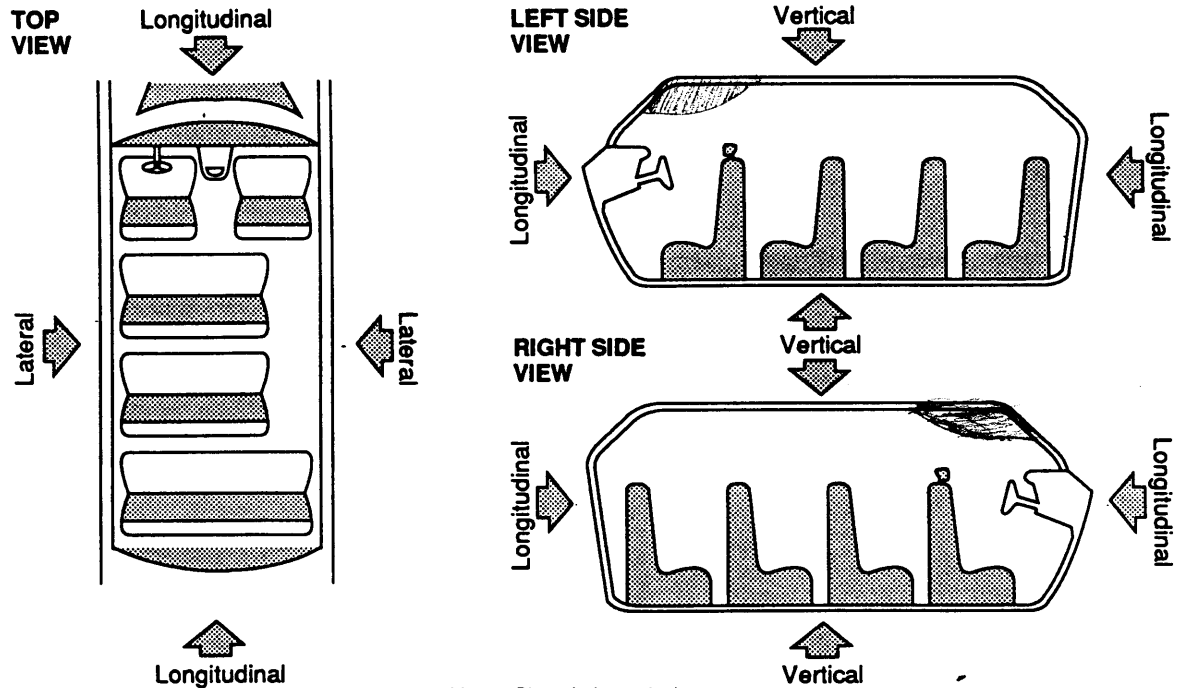
LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	−	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION	
11	roof rail	15.5	−	12.6	=	2.9	vert	4
11	A pillar	15	−	12.3	=	2.7	vert	5
11	w.S. header	16	−	12.2	=	3.8	vert	2
12	ws. header	16	−	14.3	=	1.7	vert	7
13	roof rail	15.5	−	13.5	=	2	vert	6
13	A pillar	15	−	11.1	=	3.9	vert	1
13	w.S header	16	−	12.8	=	3.2	vert	3
			−		=			
			−		=			
			−		=			
			−		=			
			−		=			
			−		=			
			−		=			
			−		=			

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.				INTRUDING COMPONENT

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _1_ _3_	48. _0_ _6_	49. _2_	50. _1_
2nd	51. _1_ _1_	52. _1_ _5_	53. _2_	54. _1_
3rd	55. _1_ _3_	56. _1_ _5_	57. _2_	58. _1_
4th	59. _1_ _1_	60. _1_ _3_	61. _1_	62. _1_
5th	63. _1_ _1_	64. _0_ _6_	65. _1_	66. _1_
6th	67. _1_ _3_	68. _1_ _3_	69. _1_	70. _1_
7th	71. _1_ _2_	72. _1_ _5_	73. _1_	74. _1_
8th	75. ___ ___	76. ___ ___	77. ___	78. ___
9th	79. ___ ___	80. ___ ___	81. ___	82. ___
10th	83. ___ ___	84. ___ ___	85. ___	86. ___

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____
- (99) Unknown

MAGNITUDE OF INTRUSION
- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
2.5	—	2.5	=	0
	—		=	
	—		=	
	—		=	

STEERING COLUMN

87. Steering Column Type _____*1*
   (1) Fixed column
   (2) Tilt column
   (3) Telescoping column
   (4) Tilt and telescoping column
   (8) Other column type (specify):

   _____
   (9) Unknown

88. Blank   **X X**
   (This variable is left blank
   so that numbering consistency
   can be maintained with the
   1988-91 CDS.

89. Blank   **X X X**
   (This variable is left blank
   so that numbering consistency
   can be maintained with the
   1988-91 CDS.

90. Blank   **X X X**
   (This variable is left blank
   so that numbering consistency
   can be maintained with the
   1988-91 CDS.

91. Blank   **X X X**
   (This variable is left blank
   so that numbering consistency
   can be maintained with the
   1988-91 CDS.

92. Steering Rim/Spoke Deformation   _____*0*
   _____Code actual measured
   deformation to the nearest inch.
   (0) No steering rim deformation
   (1-5) Actual measured value
   (6) 6 inches or more
   (8) Observed deformation cannot be measured
   (9) Unknown

**93. Location of Steering Rim/Spoke
   Deformation**   _0_ _0_
   (00) No steering rim deformation

   Quarter Sections
   (01) Section A
   (02) Section B
   (03) Section C
   (04) Section D

   Half Sections
   (05) Upper half of rim/spoke
   (06) Lower half of rim/spoke
   (07) Left half of rim/spoke
   (08) Right half of rim/spoke
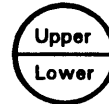
   (09) Complete steering wheel collapse
   (10) Undetermined location
   (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading   _1_ _8_ _3_ ,000

   183018.8 miles—Code mileage to the
   nearest 1,000 miles
   (000) No odometer
   (001) Less than 1,500 miles
   (300) 299,500 miles or more
   (999) Unknown

   Source: _____Odometer_____

**95. Instrument Panel Damage from
   Occupant Contact?**   _0_
   (0) No
   (1) Yes
   (9) Unknown

**96. Knee Bolsters Deformed from
   Occupant Contact?**   _8_
   (0) No
   (1) Yes
   (8) Not present
   (9) Unknown

**97. Did Glove Compartment Door Open
   During Collision(s)?**   _0_
   (0) No
   (1) Yes
   (8) Not present
   (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

debris B

A blood

Instrument Panel

Dashpanel
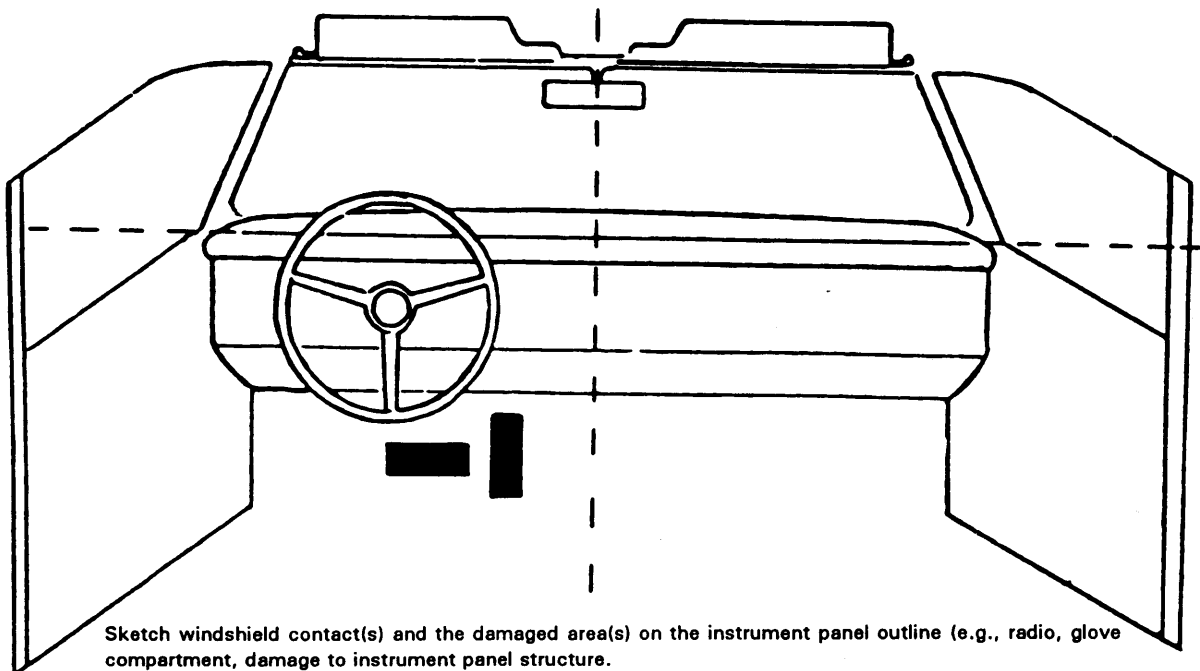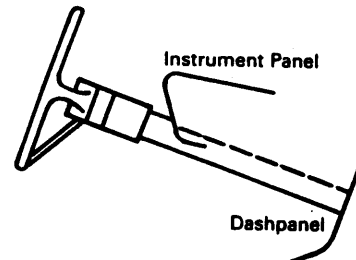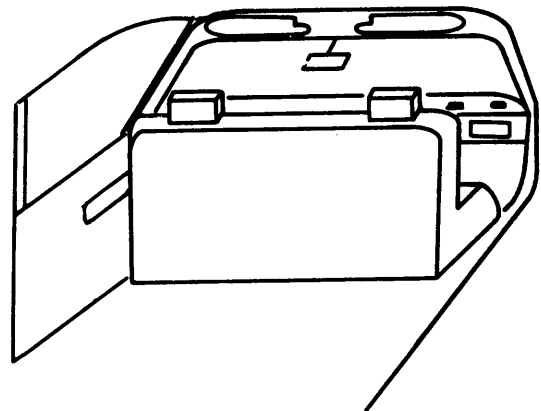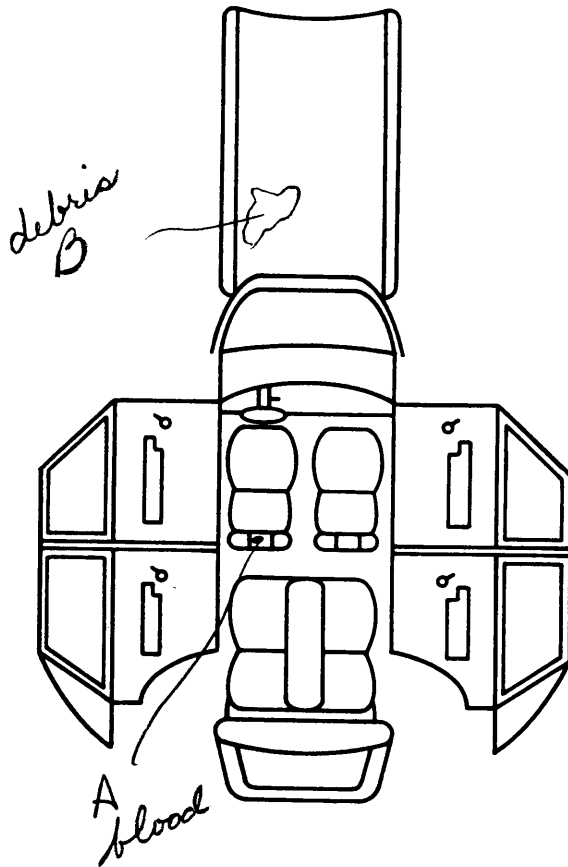
Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	44	1	head	blood	3
B	54	1	unk.	debris	9
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
(16) Other front object (specify): _____

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A pillar
(23) Left B pillar
(24) Other left pillar (specify): _____
(25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
(27) Other left side object (specify): _____
(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A pillar
(33) Right B pillar
(34) Other right pillar (specify): _____
(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
(37) Other right side object (specify): _____
(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar attachment point
(43) Other restraint system component (specify): _____
(44) Head restraint system
(45) Air bag
(46) Other occupants (specify): _____
(47) Interior loose objects

(48) Child safety seat (specify): _____
(49) Other interior object (specify): _____

ROOF
(50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

FLOOR
(56) Floor (including toe pan)
(57) Floor or console mounted transmission lever, including console
(58) Parking brake handle
(59) Foot controls including parking brake

REAR
(60) Backlight (rear window)
(61) Backlight storage rack, door, etc.
(62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

(1) Certain
(2) Probable
(3) Possible
(9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

F I R S T		Left	Right
	Availability/Function		
	Deployment		
	Failure		

Air Bag System Availability/Function	Air Bag System Deployment	Did Air Bag System Fail?
(0) Not equipped/not available (1) Air bag *Non-functional* (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown	(0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown	(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown

AUTOMATIC BELTS

F I R S T		Left	Right
	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function	Proper Use of Automatic (Passive) Belt System	Automatic (Passive) Belt Failure Modes During Accident
(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown *Non-functional* (4) Automatic belts destroyed or rendered inoperative (9) Unknown **Automatic (Passive) Belt System Use** (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (3) Automatic belt use unknown (9) Unknown **Automatic (Passive) Belt System Type** (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat *Automatic Belt Used Improperly* (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____ (8) Other improper use of automatic belt system (specify):_____ (9) Unknown	(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): _____ (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	O	4
	Use	O 4	OO	O 4
	Failure Modes	O	O	O
S E C O N D	Availability	3	O	3
	Use	O3	OO	O3
	Failure Modes	O	O	O
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability
  (0) None available
  (1) Belt removed/destroyed
  (2) Shoulder belt
  (3) Lap belt
  (4) Lap and shoulder belt
  (5) Belt available - type unknown

  Integral Belt Partially Destroyed
  (6) Shoulder belt (lap belt destroyed/removed)
  (7) Lap belt (shoulder belt destroyed/removed)

  (8) Other belt (specify):

  (9) Unknown

Manual (Active) Belt System Use
  (00) None used, not available, or belt removed/destroyed
  (01) Inoperable (specify):

  (02) Shoulder belt
  (03) Lap belt
  (04) Lap and shoulder belt
  (05) Belt used - type unknown

  (08) Other belt used (specify):

  (12) Shoulder belt used with child safety seat
  (13) Lap belt used with child safety seat
  (14) Lap and shoulder belt used with child safety seat
  (15) Belt used with child safety seat - type unknown
  (18) Other belt used with child safety seat (specify):
  (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident
  (0) No manual belt used or not available
  (1) No manual belt failure(s)
  (2) Torn webbing (stretched webbing not included)
  (3) Broken buckle or latchplate
  (4) Upper anchorage separated
  (5) Other anchorage separated (specify):

  (6) Broken retractor
  (7) Combination of above (specify):

  (8) Other manual belt failure (specify):

  (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number							
1. Type of Child Safety Seat							
2. Child Safety Seat Orientation							
3. Child Safety Seat Harness Usage							
4. Child Safety Seat Shield Uasge							
5. Child Safety Seat Tether Usage							
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat						

1. Type of Child Safety Seat

(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):

_____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

2. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for
This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

_____
(09) Unknown orientation

Designed for Forward Facing for This
Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

_____
(19) Unknown orientation

Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

_____
(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
(Specify make/model and occupant number)

_____

_____

_____

_____

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	O	3
	Seat Type	01	00	01
	Seat Performance	1	O	1
	Seat Orientation	1	O	1
S E C O N D	Head Restraint Type/Damage	O	O	O
	Seat Type	05	00	05
	Seat Performance	1	O	1
	Seat Orientation	1	O	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify):

- (9) Unknown

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

- (7) Combination of above (specify):

- (8) Other (specify):

- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant Assessment Form.

EJECTION   No [✓]   Yes [   ]
Describe indications of ejection and body parts involved in partial ejection(s):

_____

_____

_____

_____

_____

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) **Ejection Area**						
Ejection Medium						
Medium Status						

Ejection
  (1) Complete ejection
  (1) Partial ejection
  (3) Ejection, Unknown degree
  (9) Unknown

Ejection Area
  (1) Windshield
  (2) Left front
  (3) Right front
  (4) Left rear
  (5) Right rear
  (6) Rear

  (7) Roof
  (8) Other area (e.g., back of
     pickup, etc.) (specify):
     _____
  (9) Unknown

Ejection Medium
  (1) Door/hatch/tailgate
  (2) Nonfixed roof structure
  (3) Fixed glazing
  (4) Nonfixed glazing (specify):
     _____

  (5) Integral structure
  (8) Other medium (specify):
     _____
  (9) Unknown

Medium Status (Immediately Prior to Impact)
  (1) Open
  (2) Closed
  (3) Integral structure
  (9) Unknown

ENTRAPMENT   No [✓]   Yes [   ]

Describe entrapment mechanism: _____

_____

_____

_____

_____

Component(s):_____

_____

(Note in vehicle interior diagram)

psu 12-042F

26. Seat Type (this Occupant Position)   _01_
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify):
    _____
    (10) Box mounted seat (i.e., van type)
    (99) Unknown

27. Seat Performance (this Occupant Position)   _1_
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed
    (4) Seat track/anchors failed
    (5) Deformed by impact of occupant
    (6) Deformed by passenger compartment intrusion
    (specify):_____
    _____
    _____
    (7) Combination of above (specify):
    _____
    (8) Other (specify):
    _____
    (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model   _0_ _0_ _0_
    (000) No child safety seat
    Applicable codes are found in your NASS CDS
    Data Collection, Coding and Editing
    (950) Built-in child safety seat
    (997) Other make/model (specify):
    _____
    (998) Unknown make/model
    (999) Unknown if child safety seat used

29. Type of Child Safety Seat   _0_
    (0) No child safety seat
    (1) Infant seat
    (2) Toddler seat
    (3) Convertible seat
    (4) Booster seat
    (7) Other type child safety seat (specify):
    _____
    (8) Unknown child safety seat type
    (9) Unknown if child safety seat used

30. Child Safety Seat Orientation   _00_
    (00) No child safety seat

    Designed for Rear Facing for This Age/Weight
    (01) Rear facing
    (02) Forward facing
    (08) Other orientation (specify):
    _____
    (09) Unknown orientation

    Designed For Forward Facing for This Age/Weight
    (11) Rear facing
    (12) Forward facing
    (18) Other orientation (specify):
    _____
    (19) Unknown orientation

    Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
    (21) Rear facing
    (22) Forward facing
    (28) Other orientation (specify):
    _____
    (29) Unknown orientation
    (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage   _00_

32. Child Safety Seat Shield Usage   _00_

33. Child Safety Seat Tether Usage   _00_
    Note: Options below applicable to
    Variables OA31-OA33.
    (00) No child safety seat

    Not Designed With Harness/Shield/Tether
    (01) After market harness/shield/tether added, not used
    (02) After market harness/shield/tether used
    (03) Child safety seat used, but no after market harness/shield/tether added
    (09) Unknown if harness/shield/tether added or used

    Designed With Harness/Shield/Tether
    (11) Harness/shield/tether not used
    (12) Harness/shield/tether used
    (19) Unknown if harness/shield/tether used

    Unknown If Designed With Harness/Shield/Tether
    (21) Harness/shield/tether not used
    (22) Harness/shield/tether used
    (29) Unknown if harness/shield/tether used

    (99) Unknown if child safety seat used

PSU Number   12

Case Number   042F

Vehicle Number   02

Occupant Number   01

OCCUPANT

INJURY

FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑ Entire Form

[] Page Number (s) _____

UPDATE FORM

1. Primary Sampling Unit Number _____ 1 2

2. Case Number — Stratum _____ O 4 2 F

   1992

3. Vehicle Number _____ O 2

4. Occupant Number _____ O 1

Driver or Occupant Name: _____

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

NROT

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	9 6	__	OA21. Air Bag System Availability/Function	O	_
GV39. Other Drug Specimen Test Type for Driver	O	_	OA22. Air Bag System Deployment	O	_
GV40.-GV41. Narcotic Drug	O O	__	OA35. Treatment - Mortality	4	_
GV42.-GV43. Depressant Drug	O O	__	OA36. Type of Medical Facility (for Initial Treatment)	1	_
GV44.-GV45. Stimulant Drug	O O	__	OA37. Hospital Stay	O O	__
GV46.-GV47. Hallucinogen Drug	O O	__	OA38. Working Days Lost	9 9	__
GV48.-GV49. Cannabinoid Drug	O O	__	OA39. Time to Death	O O	__
GV50.-GV51. Phencyclidine (PCP)	O O	__	OA40. 1st Medically Reported Cause of Death	O O	__
GV52.-GV53. Inhalant Drug	O O	__	OA41. 2nd Medically Reported Cause of Death	O O	__
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	O O	__	OA42. 3rd Medically Reported Cause of Death	O O	__
GV56. Driver's Zip Code	_ _ _ _ _ _		OA43. Number of Recorded Injuries for This Occupant	9 7	__
GV57. Driver's Race/Ethnic Origin	2	_	OA44. Automatic (Passive) Belt System Availability/Function	O	_
OA05. Occupant's Age	1 7	__	OA45. Automatic (Passive) Belt System Use	O	_
OA06. Occupant's Sex	2	_	OA50. Glasgow Coma Scale (GCS) Score	9 7	__
OA07. Occupant's Height	9 9	__			
OA08. Occupant's Weight	9 9 9	___	OA51 Was the Occupant Given Blood?	9	_
OA17. Manual (Active) Belt System Availability	4	_	OA52. Arterial Blood Gases (ABG) - HCO$_3$	9 7	__
OA18. Manual (Active) Belt System Use	O 4	__			

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___

OAL13. Injury Information

Official

a. Autopsy (invasive examination) — B ___ ___   ___ ___ ___

b. Post-ER medical record which includes information about death based on non-invasive examination — B ___ ___   ___ ___ ___

c. Admission record/summary or admission/discharge face sheet — B ___ ___   ___ ___ ___

d. Discharge summary — B ___ ___   ___ ___ ___

e. Operative report — B ___ ___   ___ ___ ___

f. Radiographic record(s) post ER visit — B ___ ___   ___ ___ ___

g. History and physical examination and/or consultation records — B ___ ___   ___ ___ ___

	INITIAL SUBMISSION	UPDATED INFORMATION

h. Emergency room records — B ___ ___   ___ ___ ___

i. Radiographic record(s) associated with ER visit — B ___ ___   ___ ___ ___

j. Private physician — B ___ ___   ___ ___ ___

Unofficial

k. Lay coroner — B ___ ___   ___ ___ ___

l. EMS record — B ___ ___   ___ ___ ___

m. Interviewee — B ___ ___   ___ ___ ___

n. Other source (specify): — B ___ ___   B ___ ___

_____

o. Police report — B ___ ___   B ___ ___

OAL14. Medical Facility Code — ___ ___ ___   ___ ___ ___

OIL07. Date Official Medical Data Obtained ___ ___/___ ___/___ ___

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
				O.I.C.-A.I.S						
1st	5. ___	6. ___	7. ___	8. ___	9. ___	10. ___	11. ___ ___	12. ___	13. ___	14. ___ ___
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___ ___	22. ___	23. ___	24. ___ ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___ ___	32. ___	33. ___	34. ___ ___
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___ ___	42. ___	43. ___	44. ___ ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___ ___	52. ___	53. ___	54. ___ ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___ ___	62. ___	63. ___	64. ___ ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___ ___	72. ___	73. ___	74. ___ ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___ ___	82. ___	83. ___	84. ___ ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___ ___	92. ___	93. ___	94. ___ ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___ ___	102. ___	103. ___	104. ___ ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___ ___	112. ___	113. ___	114. ___ ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___ ___	122. ___	123. ___	124. ___ ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___ ___	132. ___	133. ___	134. ___ ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___ ___	142. ___	143. ___	144. ___ ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___ ___	152. ___	153. ___	154. ___ ___

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. ___	6. ___	7. ___	8. ___	9. ___	10. ___	11. _____	12. ___	13. ___	14. _____
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. _____	22. ___	23. ___	24. _____
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. _____	32. ___	33. ___	34. _____
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. _____	42. ___	43. ___	44. _____
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. _____	52. ___	53. ___	54. _____
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. _____	62. ___	63. ___	64. _____
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. _____	72. ___	73. ___	74. _____
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. _____	82. ___	83. ___	84. _____
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. _____	92. ___	93. ___	94. _____
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. _____	102. ___	103. ___	104. _____

If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

| | Source of Injury Data | O.I.C.-A.I.S | | | | | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion No. |
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	— —	—	—	— —
12th	—	—	—	—	—	—	— —	—	—	— —
13th	—	—	—	—	—	—	— —	—	—	— —
14th	—	—	—	—	—	—	— —	—	—	— —
15th	—	—	—	—	—	—	— —	—	—	— —
16th	—	—	—	—	—	—	— —	—	—	— —
17th	—	—	—	—	—	—	— —	—	—	— —
18th	—	—	—	—	—	—	— —	—	—	— —
19th	—	—	—	—	—	—	— —	—	—	— —
20th	—	—	—	—	—	—	— —	—	—	— —
21st	—	—	—	—	—	—	— —	—	—	— —
22nd	—	—	—	—	—	—	— —	—	—	— —
23rd	—	—	—	—	—	—	— —	—	—	— —
24th	—	—	—	—	—	—	— —	—	—	— —
25th	—	—	—	—	—	—	— —	—	—	— —

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

SOURCE OF INJURY DATA

OFFICIAL
(1) Autopsy records with or without hospital medical records
(2) Hospital medical records other than emergency room (e.g., dishcarge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

UNOFFICIAL
(5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):

(9) Police

INJURY SOURCE

FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
(16) Other front object (specify):

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A pillar
(23) Left B pillar
(24) Other left pillar (specify):

(25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):

(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A pillar
(33) Right B pillar
(34) Other right pillar (specify):

(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
(37) Other right side object (specify):

(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag
(46) Other occupants (specify):

(47) Interior loose objects
(48) Child safety seat (specify):

(49) Other interior object (specify):

ROOF
(50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

FLOOR
(56) Floor (including toe pan)
(57) Floor or console mounted transmission lever, including console
(58) Parking brake handle
(59) Foot controls including parking brake

REAR
(60) Backlight (rear window)

(61) Backlight storage rack, door, etc.
(62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):
(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):

(73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify)

(79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle (specify):

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify)

(86) Unknown vehicle or object

NONCONTACT INJURY
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify):
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL
(1) Certain
(2) Probable
(3) Possible
(9) Unknown

DIRECT/INDIRECT INJURY
(1) Direct contact injury
(2) Indirect contact injury
(3) Noncontact injury
(7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

(M) Abdomen
(Q) Ankle—foot
(A) Arm (upper)
(B) Back-thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head—skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limbs(s) (whole or unknown part)
(N) Neck—cervical spine
(P) Pelvic—hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist—hand

Aspect of Injury

(A) Anterior—front
(B) Bilateral (rib fracture only)
(C) Central
(I) Inferior—lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior—back
(R) Right
(S) Superior—upper
(W) Whole region

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation

(F) Fracture
(Z) Fracture and dislocation
(U) Injured, unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severance, transection

System/Organ

(W) All systems in region
(A) Arteries—veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys

(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary—lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(V) Vertebrae

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

Units = _____

Arterial Blood Gases

pH = __.__

PO_2 = _____

PCO_2 _____

HCO_3 _____

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
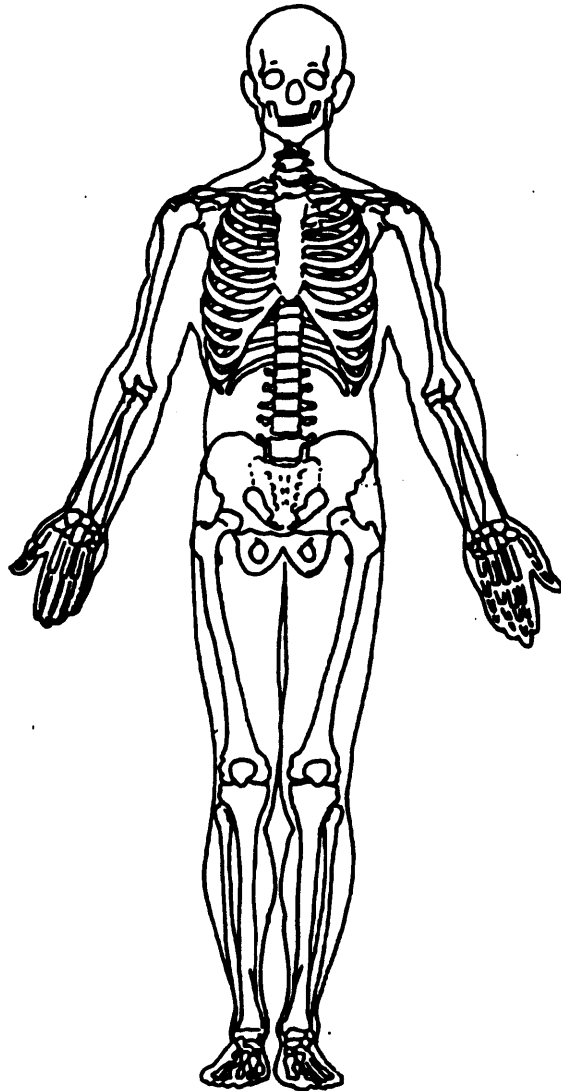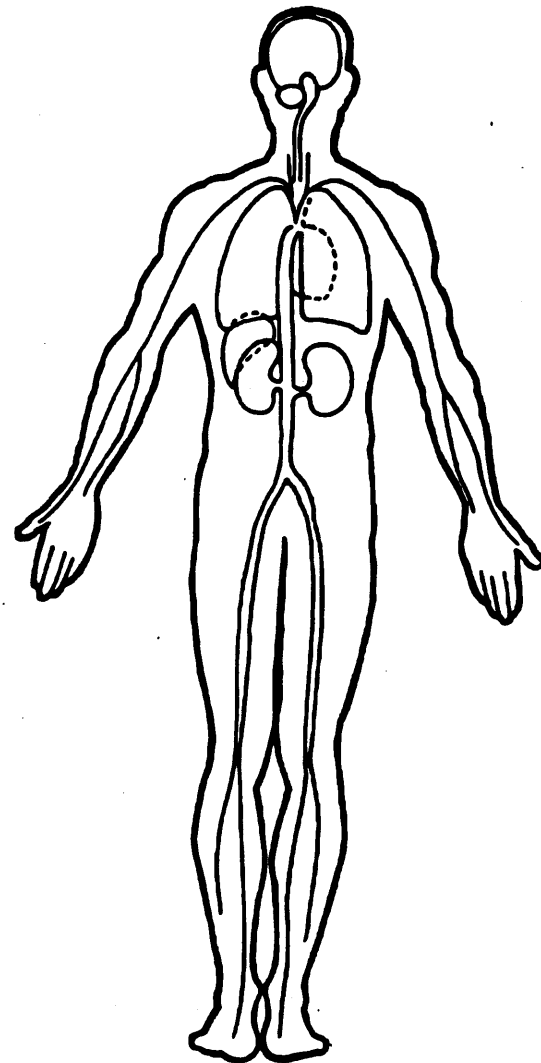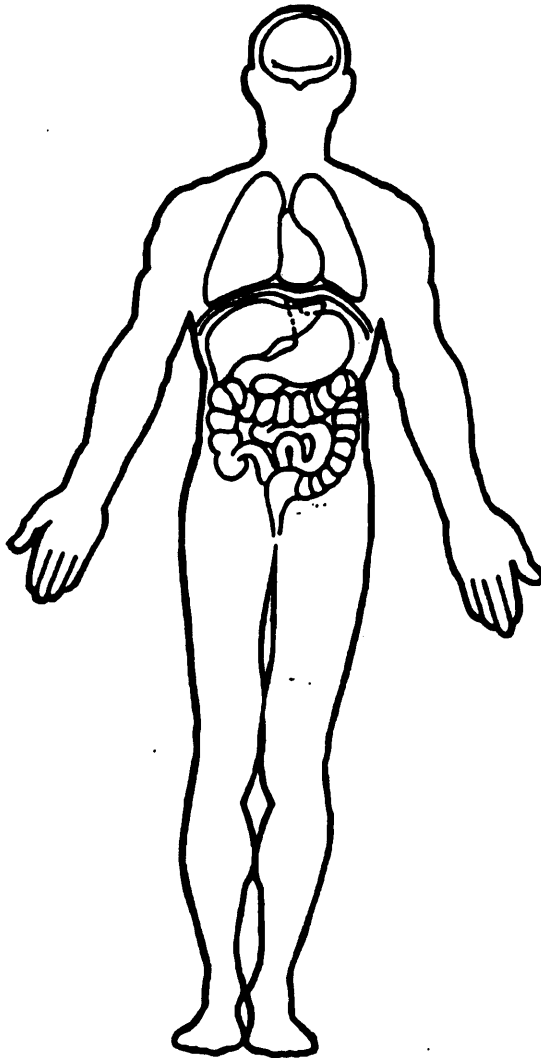
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

psu 12-042F

26. Seat Type (this Occupant Position)   _O_L_
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify):
    _____
    (10) Box mounted seat (i.e., van type)
    (99) Unknown

27. Seat Performance (this Occupant Position)   _/_
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed
    (4) Seat track/anchors failed
    (5) Deformed by impact of occupant
    (6) Deformed by passenger compartment intrusion
        (specify):_____
    _____
    (7) Combination of above (specify):
    _____
    (8) Other (specify):
    _____
    (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model   _O_ _O_ _O_
    (000) No child safety seat
    Applicable codes are found in your NASS CDS
    Data Collection, Coding and Editing
    (950) Built-in child safety seat
    (997) Other make/model (specify):
    _____
    (998) Unknown make/model
    (999) Unknown if child safety seat used

29. Type of Child Safety Seat   _O_
    (0) No child safety seat
    (1) Infant seat
    (2) Toddler seat
    (3) Convertible seat
    (4) Booster seat
    (7) Other type child safety seat (specify):
    _____
    (8) Unknown child safety seat type
    (9) Unknown if child safety seat used

30. Child Safety Seat Orientation   _O_O_
    (00) No child safety seat

    Designed for Rear Facing for This Age/Weight
    (01) Rear facing
    (02) Forward facing
    (08) Other orientation (specify):
    _____
    (09) Unknown orientation

    Designed For Forward Facing for This Age/Weight
    (11) Rear facing
    (12) Forward facing
    (18) Other orientation (specify):
    _____
    (19) Unknown orientation

    *Unknown Design or Orientation For This
    Age/Weight, or Unknown Age/Weight*
    (21) Rear facing
    (22) Forward facing
    (28) Other orientation (specify):
    _____
    (29) Unknown orientation

    (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage   _O_O_

32. Child Safety Seat Shield Usage   _O_O_

33. Child Safety Seat Tether Usage   _O_O_
    Note: Options below applicable to
    Variables OA31-OA33.
    (00) No child safety seat

    Not Designed With Harness/Shield/Tether
    (01) After market harness/shield/tether
        added, not used
    (02) After market harness/shield/tether used
    (03) Child safety seat used, but no after market
        harness/shield/tether added
    (09) Unknown if harness/shield/tether
        added or used

    Designed With Harness/Shield/Tether
    (11) Harness/shield/tether not used
    (12) Harness/shield/tether used
    (19) Unknown if harness/shield/tether used

    Unknown If Designed With Harness/Shield/Tether
    (21) Harness/shield/tether not used
    (22) Harness/shield/tether used
    (29) Unknown if harness/shield/tether used

    (99) Unknown if child safety seat used

PSU Number _____ 12 _____

Case Number _____ 042F _____

Vehicle Number _____ 02 _____

Occupant Number _____ 02 _____

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

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1992 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN   1992

                                                 CURRENT VERSION: 5.01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	0	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	1	

U.S. Department of Transportation

National Highway Traffic Safety
Administration

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number ___1 2___

Case Number – Stratum ___O 4 2 F___

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-2	1	North	Travel lane for Hit & Run vehicle
3	1	North	Impact area and continued path of travel
4	1	South	Opposite direction & impact and preimpact area
5-7	2	East	Direction of travel & impact in intersection
8	2	East	Rollover area & FR
9	2	West	opposite direction of travel
10-18	1	exterior	I #2 rollover damage shown
19-26	1	exterior	I #1 C measurements shown
27-30	1	exterior	continued I #2 rollover damage shown
31-48	1	interior	integrity loss & intrusion shown

HS Form 434B (1/92)

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter

PSU 12-042F (1992) #1

PSU 12-042F (1992) #2

PSU 12-042F (1992) #3

PSU 12-042F (1992) #4

PSU 12-042F (1992) #5

PSU 12-042F (1992) #6

PSU 12-042F (1992) #7

PSU 12-042F (1992) #8

PSU 12-042F (1992) #9

PSU 12-042F (1992) #10

PSU 12-042F (1992) #11

PSU 12-042F (1992) #12

PSU 12-042F (1992) #13

PSU 12-042F (1992) #14

PSU 12-042F (1992) #15

PSU 12-042F (1992) #16

PSU 12-042F (1992) #17

PSU 12-042F (1992) #18

PSU 12-042F (1992) #19

PSU 12-042F (1992) #20

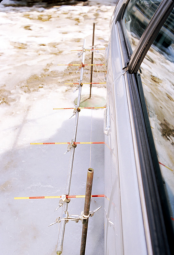PSU 12-042F (1992) #21

PSU 12-042F (1992) #22

PSU 12-042F (1992) #23

PSU 12-042F (1992) #24

PSU 12-042F (1992) #25

PSU 12-042F (1992) #26

PSU 12-042F (1992) #27

PSU 12-042F (1992) #29

PSU 12-042F (1992) #30

PSU 12-042F (1992) #31

PSU 12-042F (1992) #32

PSU 12-042F (1992) #33

PSU 12-042F (1992) #34

PSU 12-042F (1992) #35

PSU 12-042F (1992) #36

PSU 12-042F (1992) #38

PSU 12-042F (1992) #39

PSU 12-042F (1992) #40

PSU12-042F (1992) #41

PSU 12-042F (1992) #43

PSU 12-042F (1992) #44

PSU 12-042F (1992) #45

PSU 12-042F (1992) #46

PSU 12-042F (1992) #47

PSU 12-042F (1992) #48